

CONTINUATION OF PATIENT CARE NOTES

UNIT # EMS 4 RUN NUMBER 32780 DATE 11-1-14 PAGE 2 OF 2

PATIENT NAME Michael McDougle SSN 555-12-3456

CONTINUED FROM FRONT NARRATIVE PAGE

Pulse normal @ 92, Respiration 22 and non-labored. Pt's shirt had a tear on the right side. No obvious Dr/AP-BTLS noted from entire body. (T) Patient would not express if he wanted to be transported or not. Asked officials if they wanted him transported. Officials stated they would watch him and let him sleep there until morning. Informed them to call us back at anytime if we were needed or if they became concerned about him. Pt left in care of officials and employees present.

PARAMEDIC SIGNATURE

11-1-14

ATTACH ORIGINAL TO PATIENT CHART

GIVE COPY TO RECEIVING FACILITY

IRM # 12273.

NESHOBIA COUNTY EMS

INCIDENT LOCATION		TRANSPORTED TO							
PATIENT LAST NAME	First	M.I.	Phone						
Mc Dougle	Michael	D							
STREET ADDRESS	901 Gum Street		Age						
CITY	STATE	ZIP CODE	Birth						
Philadelphia	MS	39350	11/18/1985						
TO Scene	<input checked="" type="checkbox"/>	NE	<input type="checkbox"/>	B	SEX				
FR Scene	<input checked="" type="checkbox"/>	NE	<input type="checkbox"/>	SPEC	11985 M				
DRY RUN INFORMATION									
<input type="checkbox"/>	Refused (3)	<input type="checkbox"/>	False Call (1,5,7,9)	INCIDENT#					
<input type="checkbox"/>	POV, (4)	<input checked="" type="checkbox"/>	Pronounced (6)	TODAY'S DATE					
<input type="checkbox"/>	Rx, No TX (3)	<input type="checkbox"/>	No Rx, DOS (6)	11/18/2014					
<input type="checkbox"/>	Rx, TX - Other (3)	ER - 10/15/10/12							
MECHANISM		PRIOR MEDICAL HX		PATIENT PROTECTION (MVC)					
TRAUMA CALLS ONLY CHECK ALL THAT APPLY		CHECK ALL THAT APPLY		<input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Helmet <input type="checkbox"/> Unknown <input type="checkbox"/> Safety Seat <input type="checkbox"/> Air Bag <input type="checkbox"/> None Used Was Seatbelt Automatic? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> N/A <input type="checkbox"/> Burns <input type="checkbox"/> Death- Same MV <input type="checkbox"/> Deformity 20+in. <input type="checkbox"/> Ejection <input type="checkbox"/> Extricate > 20 min. <input type="checkbox"/> Fall <20' <input type="checkbox"/> Fall > 20' <input type="checkbox"/> Flail Segment <input type="checkbox"/> Intrusion 12+in. <input type="checkbox"/> Limb Paralysis <input type="checkbox"/> Motorcycle 20+ mph/sup <input type="checkbox"/> Ped. Run-over <input type="checkbox"/> Ped vs MV 5+ mph <input type="checkbox"/> Rollover <input type="checkbox"/> Poss. Self-inflicted <input type="checkbox"/> Speed 40+ mph		<input type="checkbox"/> Cardiac <input type="checkbox"/> EENT <input type="checkbox"/> Endocrine <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Hematologic <input type="checkbox"/> Hepatic <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Integumentary <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurological <input type="checkbox"/> No Medical History <input type="checkbox"/> Psychological <input type="checkbox"/> Respiratory <input type="checkbox"/> Vascular <input type="checkbox"/> Renal/GU <input type="checkbox"/> Unknown <input type="checkbox"/> Other		<input type="checkbox"/> Dr <input type="checkbox"/> Pass <input type="checkbox"/> Rear <input type="checkbox"/> Other					
				PATIENT LOCATION					
				<input type="checkbox"/> CURRENT MEDS					
				SKIN CONDITION					
				<input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> M					
TIME (24hr)	B/P	P	R	02 sat	ECG (attach)	EMS PERSONNEL	MISCELLANEOUS		
	0	0	0	0	0	Driver D. IVY	Records Tx? <input type="checkbox"/> Y <input type="checkbox"/> N		
						ATTENDANT #1 K. Frederick	S/S of SCI? <input type="checkbox"/> Y <input type="checkbox"/> N		
						ATTENDANT #2	DNR/AD? <input type="checkbox"/> Y <input type="checkbox"/> N		
							Alert ID Tag <input type="checkbox"/> Y <input type="checkbox"/> N		
TIME (24hr)	AID GIVEN: Include Meds, Amt, Route, ETC02, CBG, Laryngoscopy, O2 Sat, Etc.				# of	Dispatched Nature of Call/EMD Determinant			
					S	U	ATMP	EMP.#	Unresponsive
									Nature of Call <input type="checkbox"/> Scene, Inc. C/C
									U.O.R.
									Patient Found: (On floor, in bed, etc.)
									Wing engine on floor
									Why Was TX by Ambulance Medically Necessary?
07:42	Cardiac monitor								
07:43	Pronounced								

NARRATIVE: (C) Chief Complaint (H) Hx of Present Illness (A) Assessment (R) Rx Treatment (T) Transport Treatment, Changes, Condition
(C): D.O.A. (H): On scene with Philadelphia Fire, Jailer's, and Police officers, patient found lying supine in the floor, had on a tee shirt and a pair of boxer shorts, pair of shorts beside him, jailers said he had been tased for being combative prior to arriving at jail, also said he had a history of drug abuse, assessed by EMS around 2230 last seen alive around 4-4:30 this AM. Asking for water, jailers gave him some, found around 07:30 unresponsive, call for EMS: (A) - Apneic and pulseless, ECG: pulseless, Dystole in 3 leads, pupils fixed, rigor mortis had started setting in the extremities, skin cold and dry, cyanotic; (R) - Cardiac monitor; (T) - Body left with coroner.

Alt-est Sign/Title/Level & No.

Glasgow Coma Scale

Verbal Response	Motor Response
5 Oriented	6 Obeys Commands
4 Confused	5 Localizes Pain
3 Inappropriate	4 Withdraws to Pain
2 Incomprehensible	3 Flexion
1 No Response	2 Extension
	1 No Response

Revised Trauma Score	
Systolic BP	Resp
4-89 mm Hg	4 10-29/min
3 78-88 mm Hg	3> 29/min
2 50-75 mm Hg	2 6-9/min
1 149 mm Hg	1 1-6/min
0 Nil	0 Nil

Total ATs

42741

121424083
1214155600

AO 888 (Rev. 02/14) Subpoena to Produce Documents, Information, or Objects or to Permit Inspection of Premises in a Civil Action

UNITED STATES DISTRICT COURT
for the
Northern District of Mississippi

BRITTNEY MCDOUGLE, ET AL.

Plaintiff

v.

NESHOBIA COUNTY, MS, ET AL.

Defendant

Civil Action No. 3:15-cv-350-CWR-FKB

**SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS
OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION**

To: Records Custodian -- Neshoba County Ambulance Enterprise, 1001 Holland Ave., Philadelphia, MS 39350

(Name of person to whom this subpoena is directed)

Production: YOU ARE COMMANDED to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material: Copies of any and all medical records, reports, test results, notes, correspondence, x-ray reports, x-rays and all films, insurance records (claims and correspondence), itemized bills, or other documents which in any way relate to Michael D. McDougle, DOB: XX/XX/1985. Please see the HIPAA certificate attached as Exhibit "A."

Place: Daniel Coker Horton & Bell, P.A.
P.O. Box 1084
Jackson, MS 39215-1084

Date and Time:

08/21/2015 10:00 am

Inspection of Premises: YOU ARE COMMANDED to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:

Date and Time:

The following provisions of Fed. R. Civ. P. 45 are attached - Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date: 08/06/2015

CLERK OF COURT

OR

Signature of Clerk or Deputy Clerk

Attorney's Signature

The name, address, e-mail address, and telephone number of the attorney representing (name of party) _____
Neshoba County, MS and Sheriff Tommy Waddell _____, who issues or requests this subpoena, are:

Steven J. Griffin, Esq., P.O. Box 1084, Jackson, MS 39215-1084, sgriffin@danielcoker.com, 601-969-7607

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 15(a)(4).

HIPAA CERTIFICATE: This certifies that this subpoena has been issued in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-901 and 45CFR 164.512 (e)(1)(ii). The party issuing this subpoena has made a good faith attempt to provide written notice to the Plaintiff/Patient listed above by sending his/her attorney, a notice of the issuance of this subpoena which included sufficient information about the litigation to permit the Plaintiff/Patient to raise objection to the court or administrative tribunal.

